

PTO/SB/21 (08-03)
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Application Number 10/722,812 Filing Date **TRANSMITTAL** November 26, 2003 First Named Inventor **FORM** SON, Se Hwan Art Unit 1774 (to be used for all correspondence after initial filing) Examiner Name M.R. Yamnitzky Attorney Docket Number 29137.051.00 Total Number of Pages in This Submission

<u></u>			<u></u>				
ENCLOSURES (Check all that apply)							
X Fee Transmittal Form		Drawing(s)	After Allowance Communication to Group				
X Fee Attached		Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences				
X Amendment/Reply		Petition	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
After Final		Petition to Convert to a Provisional Application	Proprietary Information				
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address	Status Letter				
X Extension of	of Time Request	X Terminal Disclaimer	Other Enclosure(s) (please identify below):				
Express Ab	pandonment Request	Request for Refund					
X Information Disclosure Statement		CD, Number of CD(s)					
Certified Copy of Priority Document(s)							
Response to Missing Parts/ Incomplete Application		Remarks					
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Response to Missing Parts under 37 CFR 1.52 or 1.53							
	SIGNATI	JRE OF APPLICANT, ATTORNEY, O	RAGENT				
Firm	Mark R. Kresloff, Reg. No. 42,766						
MCKENNA LONG & ALDRIDGE LLP							
Signature	inature was K. Kurfell						
Date	November 3, 2006						
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PTO/SB/17 (12-04)

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Effective on		Complete if Known			
Fee pursuant to the Consolidated Ap		Application Number	10/722,812		
FEE TRAN	ISMITTAL	Filing Date	November 26, 2003		
FOR F	V 2005	First Named Inventor	SON, Se Hwan		
FURF	7 2005	Examiner Name	M.R. Yamnitzky		
☐ Applicant claims small entity	status. See 37 CFR 1.27	Art Unit	1774		
TOTAL AMOUNT OF PAYMENT	(\$) 1,330.00	Attorney Docket No.	29137.051.00		
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METHOD OF PAYMENT (check all tha	at apply)				

TOTAL AMOUNT OF PA	TYMENT (3	6) 1,330.00		Attorney Doci	ket No.	29137.031.	JU	
METHOD OF PAYMENT (check all that apply)								
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): ☐ Deposit Account ☑ Deposit Account Number 50-0911 ☐ Deposit Account Name: ☐ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ☑ Charge any additional fee(s) or underpayments of fee(s) ☑ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorizat	ion on PTO-2038.							
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
Application Type	<u>Fee (\$)</u>	Small Entity Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		Fees Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0	,	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Multiple Dependent Claims							25 100 180	
20 or HP =	×		=			ee (\$)	Fee Paid	
HP = highest number of tota Indep. Claims 3 or HP = HP = highest number of inde	Extra Claims	Fee (\$)	Fee Pai	d (\$) 		· · · · · ·		_
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee(\$) Fee Paid (\$)								
4. OTHER FEE(S) Other: Petition for to Statutory Di	Extension of Time sclaimer Fee	e (Three Months		wnoie number) x	·	=	Fee Paid \$1,020.0 \$130.00 \$180.00	00
Other: Information Disclosure Statement Fee					_		<u> </u>	

SUBMITTED BY		1/1//		
Signature	May K. K.	Sueloft	Registration No. (Attorney/Agent)	Telephone (202) 496-7500
Name (Print/Type)	Mark R. Kresloff	1 0/)	42,766	Date November 3, 2006

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